

<b>Case Number:</b>	CM13-0004360		
<b>Date Assigned:</b>	08/07/2013	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/19/2012. The primary treating diagnosis is status post a right carpal tunnel release. A prior physician review notes that the patient had not attended any of the 8 previously approved physical therapy sessions prior to this visit and that the medical necessity of additional treatment could not be determined. The treating physician notes indicate that the patient underwent carpal tunnel release on the right hand 07/10/2013 and on the left on 07/17/2013. As of 08/06/2013, the patient reported post surgical pain in both hands, more on the left than on the right. The patient felt she was 40% better after surgery and was ready to get back to work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy right wrist 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Page 15, which is part of the MTUS. .

**Decision rationale:** The California Medical Treatment Utilization Schedule on carpal tunnel syndrome, page 15, states "There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits

over 4 weeks after surgery... Benefits need to be documented after the 1st week, and program therapy visits are not supported." The current requested therapy, therefore, would significantly exceed the recommendations of the guidelines for postoperative therapy after carpal tunnel syndrome. It is documented that there might be an exception to this guideline given bilateral surgery. However, the medical records contain very limited information to clarify why such additional therapy would be needed and, in fact, indicate that functionally and vocationally the patient has done well after her surgery. Given these circumstances, overall, this treatment is not medically necessary. The post-operative Physical Therapy three times a week for four weeks for the right wrist is not medically necessary and appropriate. /jb